



HEALTH RISKS IN THE UNITED STATES

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2010



Rapid Response to the H1N1 Flu Outbreak

In the spring of 2009, Mexico responded to an outbreak of an acute respiratory illness. The illness was confirmed as a new strain of flu, now called 2009 H1N1 flu, and it spread quickly to the United States and other countries around the world. Between mid-April and August 30, 2009, more than 9,000 hospitalizations and 593 deaths associated with the 2009 H1N1 flu virus in the United States were reported to CDC.

CDC responded to the outbreak by adding survey questions to the BRFSS to track the extent of any outbreak of flu-like illnesses during the 2009–2010 flu season and to gather critical information on H1N1 flu vaccination coverage of children, adults, and health care workers. To ensure rapid results from these efforts, the BRFSS is being used to collect data on a weekly, biweekly, and monthly basis in all U.S. states, the District of Columbia, and U.S. territories. Data collection began on September 1, 2009, and will continue through June 20, 2010. The resulting data will help public health officials assess the impact of flu and vaccination coverage in real-time as well as provide information for pandemic planning in the future.

Mandating Colorectal Cancer Screening Coverage to Save Lives

Data show that screening for colorectal cancer lags far behind screening for other cancers. In 2006, BRFSS data showed that New Mexico's colorectal cancer screening rates were below the national median.

Citing BRFSS data, which showed colorectal cancer screening rates were significantly better in states with mandatory insurance coverage for the procedure, New Mexico's legislature passed a law in 2007 that requires health insurance providers to cover colorectal screening for New Mexico residents aged 50 years or older. With the passing of this law, New Mexico joined 22 other states with mandatory colorectal cancer coverage laws.

Clean Indoor Air Act Protects the Public from Secondhand Smoke

According to the U.S. Surgeon General, nonsmokers who are exposed to secondhand smoke at home or at work have a 25%–30% higher risk for heart disease and a 20%–30% higher risk for lung cancer. No level of secondhand smoke exposure is safe.

According to the BRFSS, current smoking prevalence among adults in Arkansas was 23.5% in 2005, compared with 20.5% nationwide. In April 2006, state lawmakers used the BRFSS data to support their decision to pass the Arkansas Clean Indoor Act, which prohibits smoking in all work and public places, including bars and restaurants.

North Carolina Bans Smoking in State-Owned Automobiles

Secondhand tobacco smoke is a leading environmental trigger of asthma and has been linked to the development of chronic lung disease in children and adults. According to North Carolina's BRFSS, in 2007, a higher prevalence of asthma was reported among state employees enrolled in the state health insurance





plan than among the general population. Armed with this information, officials with the North Carolina state health department testified at a state legislative hearing on a proposal calling for a ban on smoking in state-owned vehicles.

The Smoke-Free Motor Fleet bill became law on August 2, 2008, and took effect on January 1, 2009. The ban enables state employees with asthma to use state-owned vehicles without increasing their risk of having asthma symptoms. In addition, subsequent BRFSS questions can be used to assess the program's success.

Personal Preparedness Campaign in New Hampshire

Recent natural disasters and other emergency situations, such as the 2005 hurricane that devastated New Orleans and the 2009 flu pandemic, have demonstrated the critical importance of being prepared for emergency events. New Hampshire's BRFSS identified significant gaps in the state's emergency readiness. Survey results showed that only about half of the state's residents had enough water to last for 3 days, and many who rely on prescription drugs had only limited supplies available.

In response to these shortcomings, New Hampshire launched a campaign in September 2009 to educate people about the importance of taking steps to prepare themselves and their families for emergencies.

Chronic Disease and the Environment

Pollutants in the environment have been linked to chronic diseases such as cancer, asthma, and cardiovascular health conditions. Although the BRFSS does not directly measure environmental quality (e.g., air pollution, water pollution, community-wide pesticide spraying), environmental information available from other sources, such as the Environmental Protection Agency (EPA), have been used in conjunction with BRFSS data to compare measures of environmental quality and chronic disease. For example, a project called Chronic Disease and the Environment links BRFSS data with EPA air quality data to investigate the effects of environmental pollutants on adult health.

Detecting the Obesity Epidemic

In the United States, obesity has risen at an epidemic rate during the past 20 years, and research indicates that the situation is worsening rather than improving. The BRFSS provided the first national data to detect the national obesity epidemic by identifying the states with the highest percentages of obesity. Maps based on BRFSS data were developed to illustrate the dramatic change in the prevalence of obesity and focus national attention on this problem.

Trend data from the BRFSS continues to show increases in the prevalence of obesity in the United States, regardless of sex, age, race, or educational level. In 1991, only four states reported obesity prevalence rates of 15%–19%, and no state reported rates higher than 19%. In 2008, only one state had a prevalence of obesity less than 20%. Thirty-two states had obesity prevalence rates equal to or greater than 25%, including six states with obesity rates higher than 30%.

